

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5

AMERICAN ASSOCIATION OF CROP INSURERS POLITICAL ACTION COMMITTEE (AACI PAC)

ADDRESS (number and street) ONE MASSACHUSETTS AVE NW SUITE 800

Check if different than previously reported. (ACC) WASHINGTON DC 20001 -

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

C C00172833 3. IS THIS REPORT ☒ NEW (N) OR ☐ AMENDED (A)

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

☐ April 15 Quarterly Report (Q1)

☐ July 15 Quarterly Report (Q2)

☒ October 15 Quarterly Report (Q3)

☐ January 31 Year-End Report (YE)

☐ July 31 Mid-Year Report (Non-election Year Only) (MY)

☐ Termination Report (TER)

(b) Monthly Report Due On:

☐ Feb 20 (M2) ☐ May 20 (M5) ☐ Aug 20 (M8) ☐ Nov 20 (M11) (Non-Election Year Only)

☐ Mar 20 (M3) ☐ Jun 20 (M6) ☐ Sep 20 (M9) ☐ Dec 20 (M12) (Non-Election Year Only)

☐ Apr 20 (M4) ☐ Jul 20 (M7) ☐ Oct 20 (M10) ☐ Jan 31 (YE)

(c) 12-Day PRE-Election Report for the:

☐ Primary (12P) ☐ General (12G) ☐ Runoff (12R)

☐ Convention (12C) ☐ Special (12S)

Election on M M / D D / Y Y Y Y Y Y in the State of

(d) 30-Day POST-Election Report for the:

☐ General (30G) ☐ Runoff (30R) ☐ Special (30S)

Election on M M / D D / Y Y Y Y Y Y in the State of

5. Covering Period M M / D D / Y Y Y Y Y Y 07 01 2016 through M M / D D / Y Y Y Y Y Y 09 30 2016

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

McLeod, Michael, R., ,

Type or Print Name of Treasurer

Signature of Treasurer

McLeod, Michael, R., ,

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y 10 13 2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

Office
Use
Only

FEC FORM 3X
Rev. 05/2016

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

AMERICAN ASSOCIATION OF CROP INSURERS POLITICAL ACTION COMMITTEE (AACI PAC)

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y
07 / 01 / 2016 To: M M / D D / Y Y Y Y Y Y
09 / 30 / 2016

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y Y 2016		200037.96
(b) Cash on Hand at Beginning of Reporting Period.....	221674.00	
(c) Total Receipts (from Line 19)	19811.22	117675.26
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	241485.22	317713.22
7. Total Disbursements (from Line 31).....	36000.00	112228.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	205485.22	205485.22
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

AMERICAN ASSOCIATION OF CROP INSURERS POLITICAL ACTION COMMITTEE (AACI PAC)

Report Covering the Period:

From:

M M / D D / Y Y Y Y Y
07 / 01 / 2016

To:

M M / D D / Y Y Y Y Y
09 / 30 / 2016

I. Receipts

COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

12165.00

73080.00

(ii) Unitemized

7617.50

44514.50

(iii) TOTAL (add

Lines 11(a)(i) and (ii).....▶

19782.50

117594.50

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5)

19782.50

117594.50

12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

13. All Loans Received

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

17. Other Federal Receipts

(Dividends, Interest, etc.).....

28.72

80.76

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3)

0.00

0.00

(b) Levin Funds (from Schedule H5)

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),

12, 13, 14, 15, 16, 17, and 18(c))

19811.22

117675.26

20. Total Federal Receipts

(subtract Line 18(c) from Line 19)

19811.22

117675.26

DETAILED SUMMARY PAGE of Disbursements

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Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	36000.00	112200.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	28.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	36000.00	112228.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	36000.00	112228.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	19782.50	117594.50
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	19782.50	117594.50
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 22

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF CROP INSURERS POLITICAL ACTION COMMITTEE (AACI PAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Allison, Mark A., , ,

Mailing Address 4285 Cross Creek Ct

City

Liberty Township

State

OH

Zip Code

46011

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Great American Ins

Occupation (for Individual)

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 09 / 2016

Transaction ID : SA11AI.8310

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Baumgart, Jeff, , ,

Mailing Address 1020 North Kings Highway

City

Cape Girardeau

State

MO

Zip Code

62701

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Diversified Services

Occupation (for Individual)

Regional Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 29 / 2016

Transaction ID : SA11AI.8319

Amount of Each Receipt this Period

400.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Bennett, James, R., ,

Mailing Address 14106 Fox Hills Road

City

Bloomington

State

IL

Zip Code

61705

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Hudson Insurance

Occupation (for Individual)

Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 03 / 2016

Transaction ID : SA11AI.8308

Amount of Each Receipt this Period

250.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

1150.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 22

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF CROP INSURERS POLITICAL ACTION COMMITTEE (AACI PAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Biewer, Dennis, , ,

Mailing Address 518 Plum Tree Rd

City
Hickson

State
ND

Zip Code
58047

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Great American Insurance Co.

Occupation (for Individual)
Asst VP-Fargo Office

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 07 / 2016

Transaction ID : SA11AI.8301

Amount of Each Receipt this Period

450.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Boyd, Melinda M., , ,

Mailing Address PO Box 32

City
Kahlotus

State
WA

Zip Code
99335

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Rain & Hail Ins Co

Occupation (for Individual)
Crop insurance adjuster

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 20 / 2016

Transaction ID : SA11AI.8325

Amount of Each Receipt this Period

215.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Brinkman, James, , ,

Mailing Address 6860 Herron Drive

City
Cass City

State
MI

Zip Code
48726

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Great American Ins Co

Occupation (for Individual)
Claims supervisor

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 06 / 2016

Transaction ID : SA11AI.8323

Amount of Each Receipt this Period

250.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

915.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 8 OF 22

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF CROP INSURERS POLITICAL ACTION COMMITTEE (AACI PAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Coday, Barry, , ,

Mailing Address 2070 South Stagecoach Dr

City

Overland Park

State

KS

Zip Code

66062

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Hudson Insurance Co.

Occupation (for Individual)

Finance Specialist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 26 / 2016

Transaction ID : SA11AI.8306

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Davis, Timothy A., , ,

Mailing Address 12057 Hayes Lane

City

Overland Park

State

KS

Zip Code

66213

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Hudson Insurance Group

Occupation (for Individual)

Actuary

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 08 / 2016

Transaction ID : SA11AI.8304

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Dow, Robert, , ,

Mailing Address 1527 Dogwood Rd

City

Xenia

State

IL

Zip Code

62899

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Producers Ag

Occupation (for Individual)

Compliance Mgr

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

995.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 08 / 2016

Transaction ID : SA11AI.8303

Amount of Each Receipt this Period

995.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

1745.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 9 OF 22

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF CROP INSURERS POLITICAL ACTION COMMITTEE (AACI PAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Erb, Benjamin R, , ,

Mailing Address 405 Broadway St, #1102

City
Cincinnati

State
OH

Zip Code
45202

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Great American Insurance Co.

Occupation (for Individual)
Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 09 / 2016

Transaction ID : SA11AI.8311

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Glasgow, Burr, , ,

Mailing Address 3605 N. Twelve Oaks Dr

City
Peoria

State
IL

Zip Code
61604

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Great American Insurance

Occupation (for Individual)
AUP Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 20 / 2016

Transaction ID : SA11AI.8305

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Graeve, Tim, , ,

Mailing Address 1422 2400 Street

City
Manilla

State
IA

Zip Code
51454

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Great American Insurance Co.

Occupation (for Individual)
Marketing Rep

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 06 / 2016

Transaction ID : SA11AI.8300

Amount of Each Receipt this Period

250.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1250.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF CROP INSURERS POLITICAL ACTION COMMITTEE (AACI PAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Heitman, Larry, , ,

Mailing Address PO Box 8628

City
Woodland

State
CA

Zip Code
95695

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
California Crop Ins Svcs

Occupation (for Individual)
Executive VP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 02 / 2016

Transaction ID : SA11AI.8307

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Kirksey, Bill, , ,

Mailing Address 230 Petrus Circle

City
West Monroe

State
LA

Zip Code
71291

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
The Kirksey Agency, Inc.

Occupation (for Individual)
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 16 / 2016

Transaction ID : SA11AI.8313

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Leighton, Brad, , ,

Mailing Address 4404 Lynhurst Rd

City
Springfield

State
IL

Zip Code
62711

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Diversified Insurance Svcs

Occupation (for Individual)
General Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 27 / 2016

Transaction ID : SA11AI.8318

Amount of Each Receipt this Period

1500.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

3500.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF CROP INSURERS POLITICAL ACTION COMMITTEE (AACI PAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Love, Kale, , ,

Mailing Address 1829 West Austin Dr

City
Peoria

State
IL

Zip Code
61614

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Great American Insurance Co.

Occupation (for Individual)
Marketing Rep

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 25 / 2016

Transaction ID : SA11AI.8315

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Perry, Warren Dale, , , II

Mailing Address 1111 Cape Cod Circle

City
Crittenden

State
KY

Zip Code
41030

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Great American Insurance Co.

Occupation (for Individual)
Marketing manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 08 / 2016

Transaction ID : SA11AI.8317

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Roberts, Harold, , ,

Mailing Address 615 Beaver Brook Rd

City
Shavertown

State
PA

Zip Code
18708

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
ACE Agribusiness

Occupation (for Individual)
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 08 / 2016

Transaction ID : SA11AI.8316

Amount of Each Receipt this Period

450.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1200.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF CROP INSURERS POLITICAL ACTION COMMITTEE (AACI PAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Swaney, George R., , ,

Mailing Address 20425 Clark Rd

City
Holton

State
KS

Zip Code
66436

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Hudson Insurance Group

Occupation (for Individual)
Adjuster

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 08 / 2016

Transaction ID : SA11AI.8302

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Twietmeyer, Philip, , ,

Mailing Address 1 Ludlow Road

City
Yardley

State
PA

Zip Code
19067

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
ACE USA

Occupation (for Individual)
Insurance broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

405.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 18 / 2016

Transaction ID : SA11AI.8314

Amount of Each Receipt this Period

405.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Weaver, Shane, , ,

Mailing Address 1682 Bingham Circle

City
Hebron

State
KY

Zip Code
41048

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Great American Ins

Occupation (for Individual)
Divisional AUP-Claims

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 09 / 2016

Transaction ID : SA11AI.8312

Amount of Each Receipt this Period

500.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1155.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 OF 22
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF CROP INSURERS POLITICAL ACTION COMMITTEE (AACI PAC)

<p>Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Whitehead, Larry D., , ,</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y Y 08 / 03 / 2016 Transaction ID : SA11AI.8309</p>		
<p>Mailing Address 141 Cedar Rd</p>			<p>Amount of Each Receipt this Period 1000.00</p>		
<p>City Stephenville</p>	<p>State TX</p>	<p>Zip Code 76401</p>	<p><input type="checkbox"/> Memo Item</p>		
<p>FEC ID number of contributing federal political committee. C</p>					
<p>Name of Employer (for Individual) 80 Proof Band LLC</p>		<p>Occupation (for Individual) Owner</p>			
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Aggregate Year-to-Date ▼ 1000.00</p>			
<p>Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Zignego, Jim, , ,</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y Y 07 / 06 / 2016 Transaction ID : SA11AI.8324</p>		
<p>Mailing Address 2763 27th Avenue</p>			<p>Amount of Each Receipt this Period 250.00</p>		
<p>City Wilson</p>	<p>State WI</p>	<p>Zip Code 54027</p>	<p><input type="checkbox"/> Memo Item</p>		
<p>FEC ID number of contributing federal political committee. C</p>					
<p>Name of Employer (for Individual) Great American Ins Co</p>		<p>Occupation (for Individual) Crop claim supervisor</p>			
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Aggregate Year-to-Date ▼ 250.00</p>			
<p>Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C.</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y Y</p>		
<p>Mailing Address</p>			<p>Amount of Each Receipt this Period</p>		
<p>City</p>	<p>State</p>	<p>Zip Code</p>	<p><input type="checkbox"/> Memo Item</p>		
<p>FEC ID number of contributing federal political committee. C</p>					
<p>Name of Employer (for Individual)</p>		<p>Occupation (for Individual)</p>			
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>		<p>Aggregate Year-to-Date ▼</p>			
<p>SUBTOTAL of Receipts This Page (optional)..... ▶</p>			<p>1250.00</p>		
<p>TOTAL This Period (last page this line number only)..... ▶</p>			<p>12165.00</p>		

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 OF 22

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input checked="" type="checkbox"/> 16
			<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF CROP INSURERS POLITICAL ACTION COMMITTEE (AACI PAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. KEVIN MCCARTHY FOR CONGRESS

Mailing Address PO BOX 12667

City
BAKERSFIELDState
CAZip Code
93389FEC ID number of contributing
federal political committee.

C H6CA22125

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For: 2016

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
09		30		2016

Transaction ID : SA16.8298

Amount of Each Receipt this Period

1000.00

☒ Memo Item
 refund of overcontribution made in error

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

0.00

0.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 15 OF 22

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF CROP INSURERS POLITICAL ACTION COMMITTEE (AACI PAC)

Full Name (Last, First, Middle Initial)

A. ADRIAN SMITH FOR CONGRESS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07	/	07	/	2016

Mailing Address 3321 avenue I suite 6
SUITE 6City
ScottsbluffState
NEZip Code
69361

Purpose of Disbursement

FEC Identification Number

C C00412890**Transaction ID : SB23.8265**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Candidate Name

SMITH, ADRIAN, , ,Category/
Type

Office Sought:

☒ House☐ Senate☐ President

Disbursement For: 2016

☐ Primary☒ General☐ Other (specify) ▼

State: NE

District: 03

Full Name (Last, First, Middle Initial)

B. BOOZMAN FOR ARKANSAS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	21	/	2016

Mailing Address PO BOX 671

City
ROGERSState
ARZip Code
72757

Purpose of Disbursement

FEC Identification Number

C S0AR00150**Transaction ID : SB23.8281**

Amount of Each Disbursement this Period

2000.00

☐ Memo Item

Candidate Name

BOOZMAN, JOHN, , ,Category/
Type

Office Sought:

☐ House☒ Senate☐ President

Disbursement For: 2016

☐ Primary☒ General☐ Other (specify) ▼

State: AR

District: 00

Full Name (Last, First, Middle Initial)

C. BOOZMAN FOR ARKANSAS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	26	/	2016

Mailing Address PO BOX 671

City
ROGERSState
ARZip Code
72757

Purpose of Disbursement

FEC Identification Number

C S0AR00150**Transaction ID : SB23.8282**

Amount of Each Disbursement this Period

2000.00

☐ Memo Item

Candidate Name

BOOZMAN, JOHN, , ,Category/
Type

Office Sought:

☐ House☒ Senate☐ President

Disbursement For: 2016

☐ Primary☒ General☐ Other (specify) ▼

State: AR

District: 00

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

5000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 16 OF 22

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF CROP INSURERS POLITICAL ACTION COMMITTEE (AACI PAC)

Full Name (Last, First, Middle Initial)

A. BOOZMAN FOR ARKANSAS

Mailing Address PO BOX 671

City
ROGERSState
ARZip Code
72757

Purpose of Disbursement

Candidate Name

BOOZMAN, JOHN, , ,

Office Sought:

☐ House☒ Senate☐ President

Disbursement For: 2016

☐ Primary☒ General☐ Other (specify) ▼

State: AR

District: 00

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	9			2	0	1	6		

FEC Identification Number

C S0AR00150**Transaction ID : SB23.8283**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. CONSERVATIVE OPPORTUNITIES FOR A NEW AMERICA PACMailing Address 110 W LOUISIANA AVENUE
SUITE 312City
MIDLANDState
TXZip Code
79701

Purpose of Disbursement

Candidate Name

Office Sought:

☐ House☐ Senate☐ President

Disbursement For: 2016

☐ Primary☒ General☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			3	0			2	0	1	6		

FEC Identification Number

C C00409458**Transaction ID : SB23.8292**

Amount of Each Disbursement this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. CRAMER FOR CONGRESS

Mailing Address PO BOX 396

City
BISMARCKState
NDZip Code
58502

Purpose of Disbursement

Candidate Name

CRAMER, KEVIN MR., , ,

Office Sought:

☒ House☐ Senate☐ President

Disbursement For: 2016

☐ Primary☒ General☐ Other (specify) ▼

State: ND

District: 01

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			1	4			2	0	1	6		

FEC Identification Number

C C00504704**Transaction ID : SB23.8273**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

4500.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 17 OF 22

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF CROP INSURERS POLITICAL ACTION COMMITTEE (AACI PAC)

Full Name (Last, First, Middle Initial)

A. EMMER FOR CONGRESS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		14		2016

Mailing Address PO BOX 998

City
ANOKAState
MNZip Code
55303

Purpose of Disbursement

FEC Identification Number

C C00545749**Transaction ID : SB23.8266**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Candidate Name

EMMER, THOMAS EARL JR., , ,Category/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2016

☐ Primary ☒ General
☐ Other (specify) ▼

State: MN

District: 06

Full Name (Last, First, Middle Initial)

B. FRIENDS OF CHERI BUSTOS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		13		2016

Mailing Address P.O. BOX 77

City
EAST MOLINEState
ILZip Code
61244

Purpose of Disbursement

FEC Identification Number

C C00498568**Transaction ID : SB23.8277**

Amount of Each Disbursement this Period

2000.00

☐ Memo Item

Candidate Name

BUSTOS, CHERI, , ,Category/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2016

☐ Primary ☒ General
☐ Other (specify) ▼

State: IL

District: 17

Full Name (Last, First, Middle Initial)

C. FRIENDS OF GLENN THOMPSON

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		28		2016

Mailing Address PO BOX 1112

City
STATE COLLEGEState
PAZip Code
16804

Purpose of Disbursement

FEC Identification Number

C C00444620**Transaction ID : SB23.8291**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Candidate Name

THOMPSON, GLENN MR., , ,Category/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2016

☐ Primary ☒ General
☐ Other (specify) ▼

State: PA

District: 05

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

4000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 18 OF 22

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF CROP INSURERS POLITICAL ACTION COMMITTEE (AACI PAC)

Full Name (Last, First, Middle Initial)

A. GIBBS FOR CONGRESS

Mailing Address 6992 TR 466

City
LAKEVILLEState
OHZip Code
44638

Purpose of Disbursement

Candidate Name

GIBBS, ROBERT BRIAN MR., , ,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2016

☐ Primary ☒ General
☐ Other (specify) ▼

State: OH

District: 18

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			0	8			2	0	1	6		

FEC Identification Number

C C00466516**Transaction ID : SB23.8270**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. GRASSLEY HAWKEYE FUND

Mailing Address PO BOX 25132

City
ST PAULState
MNZip Code
55125

Purpose of Disbursement

Candidate Name

GRASSLEY, CHARLES E SENATOR, , ,

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For: 2016

☐ Primary ☒ General
☐ Other (specify) ▼

State: IA

District: 00

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			1	5			2	0	1	6		

FEC Identification Number

C S0IA00028**Transaction ID : SB23.8274**

Amount of Each Disbursement this Period

2000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. GRASSLEY HAWKEYE FUND

Mailing Address PO BOX 25132

City
ST PAULState
MNZip Code
55125

Purpose of Disbursement

Candidate Name

GRASSLEY, CHARLES E SENATOR, , ,

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For: 2016

☐ Primary ☒ General
☐ Other (specify) ▼

State: IA

District: 00

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			1	5			2	0	1	6		

FEC Identification Number

C S0IA00028**Transaction ID : SB23.8276**

Amount of Each Disbursement this Period

2000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

5000.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 19 OF 22

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF CROP INSURERS POLITICAL ACTION COMMITTEE (AACI PAC)

Full Name (Last, First, Middle Initial)

A. HOEVEN FOR SENATE

Mailing Address PO BOX 861

City
BISMARCKState
NDZip Code
58502

Purpose of Disbursement

Candidate Name

HOEVEN, JOHN, , ,

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For: 2016

☐ Primary ☒ General
☐ Other (specify) ▼

State: ND District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	12	/	2016

FEC Identification Number

C C00473371**Transaction ID : SB23.8267**

Amount of Each Disbursement this Period

3500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. JIM COSTA FOR CONGRESSMailing Address 2037 W Bullard Avenue
355City
FresnoState
CAZip Code
93711

Purpose of Disbursement

Candidate Name

COSTA, JIM MR., , ,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2016

☐ Primary ☒ General
☐ Other (specify) ▼

State: CA District: 20

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	23	/	2016

FEC Identification Number

C C00391029**Transaction ID : SB23.8289**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. KELLY FOR CONGRESS

Mailing Address 5221-A CLIFF GOOKIN BLVD

City
TUPELOState
MSZip Code
38801

Purpose of Disbursement

Candidate Name

KELLY, JOHN TRENT, , ,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2016

☐ Primary ☒ General
☐ Other (specify) ▼

State: MS District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	22	/	2016

FEC Identification Number

C C00573980**Transaction ID : SB23.8288**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

5500.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 20 OF 22

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF CROP INSURERS POLITICAL ACTION COMMITTEE (AACI PAC)

Full Name (Last, First, Middle Initial)

A. KEVIN MCCARTHY FOR CONGRESS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	22	/	2016

Mailing Address PO BOX 12667

City
BAKERSFIELDState
CAZip Code
93389

Purpose of Disbursement

FEC Identification Number

C H6CA22125**Transaction ID : SB23.8271**

Amount of Each Disbursement this Period

2000.00

☐ Memo Item

Candidate Name

MCCARTHY, KEVIN, , ,Category/
Type

Office Sought:

☒ House☐ Senate☐ President

Disbursement For: 2016

☐ Primary☒ General☐ Other (specify) ▼

State: CA

District: 23

Full Name (Last, First, Middle Initial)

B. MCCONNELL FOR MAJORITY LEADER COMMITTEE

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07	/	14	/	2016

Mailing Address 228 S WASHINGTON ST STE 115

City
ALEXANDRIAState
VAZip Code
22314

Purpose of Disbursement

FEC Identification Number

C C00548651**Transaction ID : SB23.8269**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Candidate Name

MCCONNELL, MITCH, , ,Category/
Type

Office Sought:

☐ House☒ Senate☐ President

Disbursement For: 2020

☒ Primary☐ General☐ Other (specify) ▼

State: KY

District: 00

Full Name (Last, First, Middle Initial)

C. MIKE ROGERS FOR CONGRESS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	15	/	2016

Mailing Address 123 EAST 13TH STREET

City
AnnistonState
ALZip Code
36201

Purpose of Disbursement

FEC Identification Number

C C00367862**Transaction ID : SB23.8272**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Candidate Name

ROGERS, MICHAEL, , ,Category/
Type

Office Sought:

☒ House☐ Senate☐ President

Disbursement For: 2016

☐ Primary☒ General☐ Other (specify) ▼

State: AL

District: 03

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

4000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 21 OF 22

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF CROP INSURERS POLITICAL ACTION COMMITTEE (AACI PAC)

Full Name (Last, First, Middle Initial)

A. MORAN FOR KANSAS

Mailing Address P.O. Box 1151

City
HaysState
KSZip Code
67601

Purpose of Disbursement

Candidate Name

MORAN, JERRY, , ,

Office Sought:

☒ House☐ Senate☐ President

Disbursement For: 2016

☐ Primary☒ General☐ Other (specify) ▼

State: KS

District: 01

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7				1	2		2	0	1	6		

FEC Identification Number

C C00312090**Transaction ID : SB23.8268**

Amount of Each Disbursement this Period

3000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. PALAZZO FOR CONGRESS

Mailing Address 13155 HIGHWAY 67 SUITE B

City
BILOXIState
MSZip Code
39532

Purpose of Disbursement

Candidate Name

PALAZZO, STEVEN MCCARTY, , ,

Office Sought:

☒ House☐ Senate☐ President

Disbursement For: 2016

☐ Primary☒ General☐ Other (specify) ▼

State: MS

District: 04

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9				2	1		2	0	1	6		

FEC Identification Number

C H0MS04120**Transaction ID : SB23.8297**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. RALPH ABRAHAM FOR CONGRESS

Mailing Address P.O. BOX 14062

City
MONROEState
LAZip Code
71207

Purpose of Disbursement

Candidate Name

ABRAHAM, RALPH LEE DR. JR., , ,

Office Sought:

☒ House☐ Senate☐ President

Disbursement For: 2016

☐ Primary☒ General☐ Other (specify) ▼

State: LA

District: 05

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9				1	3		2	0	1	6		

FEC Identification Number

C H4LA05221**Transaction ID : SB23.8278**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

5000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 22 OF 22

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF CROP INSURERS POLITICAL ACTION COMMITTEE (AACI PAC)

Full Name (Last, First, Middle Initial)

A. TEXANS FOR HENRY CUELLAR CONGRESSIONAL CAMPAIGNMailing Address 1519 Washington Street
2nd Floor Suite 200City
LaredoState
TXZip Code
78042

Purpose of Disbursement

Candidate Name

CUELLAR, HENRY R, , ,

Office Sought:

☒ House☐ Senate☐ President

Disbursement For: 2016

☐ Primary☒ General☐ Other (specify) ▼

State: TX

District: 28

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	22	/	2016

FEC Identification Number

C C00371302**Transaction ID : SB23.8294**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. TIM WALZ FOR US CONGRESS

Mailing Address PO Box 938

City
MankatoState
MNZip Code
56002

Purpose of Disbursement

Candidate Name

WALZ, TIMOTHY J, , ,

Office Sought:

☒ House☐ Senate☐ President

Disbursement For: 2016

☐ Primary☒ General☐ Other (specify) ▼

State: MN

District: 01

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	22	/	2016

FEC Identification Number

C C00409409**Transaction ID : SB23.8287**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. VALADAO FOR CONGRESS

Mailing Address 504 VAN NESS

City
FRESNOState
CAZip Code
93721

Purpose of Disbursement

Candidate Name

VALADAO, DAVID, , ,

Office Sought:

☒ House☐ Senate☐ President

Disbursement For: 2016

☐ Primary☒ General☐ Other (specify) ▼

State: CA

District: 21

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	20	/	2016

FEC Identification Number

C H2CA20094**Transaction ID : SB23.8286**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

3000.00

36000.00